

AUG 10 2006

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Appendix C

510(k) Summary of Safety and Effectiveness

| | |
|-----------------------|--|
| Name | DIESSE Diagnostica Senese SpA |
| Address | Via delle Rose 10, 53035 Monteriggioni SI Tel. 39-0577- 587111 Fax 39-0577-318690 |
| Contact Person | Dr. Francesco Cocola |
| Phone Number | 39-0577-587143 |
| Fax Number | 39-0577-318379 |

The Following section is included as required by
the Safe Medical Device Act (SMDA) 1990.

510(k) Summary of Safety and Effectiveness

This summary of 510(k) safety and effectiveness information is being submitted in
accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

The Assigned 510(k) Number is: K050590

Applicant

| | |
|-----------------------|--|
| Date Prepared | February 4, 2004 |
| Name | DIESSE Diagnostica Senese SpA |
| Address | Via delle Rose 10, 53035 Monteriggioni SI, Italy Tel. 011-39-0577- 587111 Fax 011-39-0577-318690 |
| Contact Person | Dr. Francesco Cocola |
| Phone Number | 39-0577-587143 |
| Fax Number | 39-0577-318379 |

Device information

| | |
|----------------------------|--|
| Trade Name | ENZY-WELL SYPHILIS IgG |
| Classification Name | Enzyme linked immunosorbent assay, <i>Treponema pallidum</i> |

Equivalent Device

Trinity Biotech CAPTIA Syphilis-G Elisa Test Kit

Device Description

ENZY-WELL SYPHILIS IgG is an immunoenzymatic method for the qualitative detection of IgG antibodies to *Treponema pallidum* in human serum/ plasma. The test may be used in conjunction with non-treponemal testing to provide serological evidence of infection with *T. pallidum*.

Principle of the assay

The ENZY-WELL SYPHILIS IgG test is based on the ELISA technique (Enzyme-linked immunosorbent assay). Diluted patient sample is incubated in microplate wells coated with *T. pallidum*. During this incubation specific immunoglobulins, if present, bind to the antigen on the well. After washing, to eliminate unbound proteins, a second incubation is performed with the conjugate, composed of human IgG monoclonal antibodies labeled with peroxidase. After washing to remove unbound conjugate from the wells, the substrate is added, which will react to produce color in the presence of the peroxidase. An acidic solution is added to stop the reaction and the absorbance of the developed color is read at 450 nm

Performance Characteristic

Comparison studies, precision studies, interference and specificity studies, expected values were performed. Performance was evaluated at Azienda Ospedaliera Umberto I (Ancona).

CLINICAL SAMPLE CORRELATION

A total of 525 samples were collected and tested to study the performance of the ENZY-WELL SYPHILIS IgG kit.

FIRST group: 125 serum samples from both pediatric and adult male and female patients with syphilis.

SECOND group: 300 negative sera; 150 of these serum samples came from clinical sources and/or from a blood donor facility and 150 samples from normal donors.

THIRD group: 100 samples from subjects with no known history or serological evidence of syphilis and suspected for different kinds of infective or clinical pathology.

In the first group of the 125 syphilitic sera there was no disagreement between two comparative testing methods; therefore the reference method FTA-ABS was not used.

In the second group of the 300 syphilis-negative sera there was one sample not in agreement. It was equivocal with the ENZY-WELL SYPHILIS IgG test and negative with the CAPTIA Syphilis - G test. The confirmatory FTA-ABS test was negative (it was also negative with TPHA and VDRL test).

Table n°1

Results obtained with ENZYWELL vs. Captia Syphilis-G, testing 127(First Group) Syphilitic sera:

| | | CAPTIA Syphilis - G | | |
|------------------------|-----------|---------------------|-----------|----------|
| | | Negative | Equivocal | Positive |
| ENZY-WELL SYPHILIS IgG | Negative | 0 | 0 | 0 |
| | Equivocal | 0 | 0 | 0 |
| | Positive | 0 | 0 | 125 |

Results:

Percent agreement positive = 100 %.

95% CI: 100% <Se <100%

Table n°2

Results obtained testing 300 sera(Second Group): 150 sera from clinical source and 150 sera from normal donor, both groups were negative to Syphilis

| | | CAPTIA Syphilis -G | | |
|------------------|-----------|--------------------|-----------|----------|
| | | Negative | Equivocal | Positive |
| ENZY-WELL | Negative | 299 | 0 | 0 |
| | Equivocal | 0 | 0 | 0 |
| | Positive | 1* | 0 | 0 |

* The test gave a positive result even after repeat testing. Both the confirmatory tests (FTA-ABS and TPHA) gave negative results.

Percent agreement negative = 99.6 %.

95% CI: 99%<Sp<100%

In the third group of 100 sera with different pathological diseases, two sera gave equivocal results with both methods, also after repeating the test. The confirmatory test gave a positive result with a titer of 1280; the FTA-ABS test also gave positive results.

The Percent agreement negative of ENZY-WELL SYPHILIS IgG kit in this group is 100%

In addition, clinical studies performed at two independent clinical laboratories with a total of three hundred and eighty-seven specimens, comparing the Diesse Enzy-well Syphilis IgG test with two other commercially available tests.

Lab B

| | Diesse | | | Clinical Sensitivity and Specificity | |
|--------------|--------|-----|-----|--------------------------------------|--------------|
| FTA | Pos | Eqv | Neg | % | 95 % C.I. |
| Reactive | 29 | 3 | 1 | 96.7 | 90.2 to 100 |
| Non-Reactive | 5 | 1 | 75 | 88.4 | 90.3 to 99.0 |
| | | | | 94.5 | 90.3 to 98.8 |

Lab C

| | EIA | | | % Agreement (Pos. or Neg.) | |
|-----------|-----|-----|-----|----------------------------|--------------|
| EnzyWELI | Pos | Eqv | Neg | % | 95 % C.I. |
| Positive | 7 | 2 | 2 | 77.8 | 50.6 to 100 |
| Equivocal | 0 | 1 | 0 | | |
| Negative | 2 | 2 | 257 | 99.2 | 98.2 to 100 |
| | | | | 98.5 | 97.1 to 99.9 |

Excluding equivocal results, a total of 10 samples gave discordant results. When these samples were tested by a third commercially available test, the referee test agreed with the Diesse test for 8 of the 10 discordant samples tested.

PRECISION

All samples (Cut-Off Control, Positive Control and Negative Control) were tested in triplicate in two separate runs on three different days. CV lower than 15% are accepted.

Within run Precision

| DAY 1 | Replicates | RUN 1 | | | RUN 2 | | |
|---------------|------------|-------|------|------|-------|------|------|
| SAMPLES | 3 | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| CutOff | 3 | 353 | 22 | 6.2 | 324 | 23 | 7.1 |
| Pos. control. | 3 | 1171 | 20 | 1.7 | 1091 | 91 | 8.4 |
| Neg. Control | 3 | 49 | 1 | 2.3 | 49 | 2 | 3.5 |
| Pos serum 1 | 3 | 1687 | 28 | 1.7 | 1524 | 137 | 9.0 |
| Pos serum 2 | 3 | 2141 | 89 | 4.1 | 2184 | 50 | 2.3 |
| Pos serum 3 | 3 | 383 | 13 | 3.3 | 329 | 32 | 9.8 |
| Pos serum 4 | 3 | 838 | 18 | 2.1 | 766 | 59 | 7.7 |
| Neg serum1 | 3 | 75 | 3 | 4.1 | 67 | 5 | 7.0 |
| Neg serum2 | 3 | 86 | 11 | 12.4 | 80 | 3 | 4.3 |
| DAY 2 | Replicates | RUN 1 | | | RUN 2 | | |
| SAMPLES | 3 | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| CutOff | 3 | 386 | 27 | 6.9 | 314 | 14 | 4.5 |
| Pos control. | 3 | 1235 | 83 | 6.7 | 1233 | 60 | 4.9 |
| Neg. control | 3 | 37 | 1 | 2.7 | 35 | 0 | 0.0 |
| Pos serum 1 | 3 | 1787 | 82 | 4.6 | 1706 | 43 | 2.5 |
| Pos serum 2 | 3 | 2408 | 59 | 2.4 | 2351 | 94 | 4.0 |
| Pos serum 3 | 3 | 360 | 21 | 5.7 | 322 | 24 | 7.4 |
| Pos serum 4 | 3 | 879 | 84 | 9.6 | 775 | 57 | 7.4 |
| Neg serum1 | 3 | 68 | 9 | 12.7 | 52 | 3 | 5.8 |
| Neg serum2 | 3 | 80 | 4 | 5.4 | 76 | 21 | 27.4 |

| DAY 3 | Replicates | RUN 1 | | | RUN 2 | | |
|--------------|------------|-------|------|------|-------|------|------|
| SAMPLES | 3 | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| Cut-Off | 3 | 342 | 9 | 2.7 | 339 | 14 | 4.0 |
| Pos Control. | 3 | 1218 | 26 | 2.1 | 1204 | 83 | 6.9 |
| Neg Control | 3 | 34 | 4 | 11.2 | 34 | 1 | 3.4 |
| Pos serum 1 | 3 | 1613 | 57 | 3.6 | 1633 | 40 | 2.4 |
| Pos serum 2 | 3 | 1958 | 228 | 11.7 | 2093 | 176 | 8.4 |
| Pos serum 3 | 3 | 365 | 19 | 5.1 | 370 | 23 | 6.3 |
| Pos serum 4 | 3 | 769 | 48 | 6.2 | 801 | 8 | 1.1 |
| Neg serum1 | 3 | 61 | 3 | 5.7 | 101 | 10 | 10.0 |
| Neg serum 2 | 3 | 66 | 5 | 7.2 | 68 | 6 | 8.6 |

Between run Precision

| | INDEX | | |
|------------------|-------------|-----|------|
| SAMPLE | O.D AVERAGE | SD | CV% |
| CUTOFF | 343 | 18 | 5.2 |
| Pos. Control. | 1192 | 61 | 5.1 |
| Neg. Control | 40 | 1 | 3.9 |
| Positive serum 1 | 1658 | 65 | 4.0 |
| Positive serum 2 | 2189 | 116 | 5.5 |
| Positive serum 3 | 355 | 22 | 6.3 |
| Positive serum 4 | 805 | 46 | 5.7 |
| Negative serum 1 | 71 | 5 | 7.5 |
| Negative serum 2 | 76 | 8 | 10.9 |

In addition, the kit positive and negative controls, plus six additional samples, including 2 negatives and four positives, were assayed in triplicate, in three different runs, at three independent laboratories, using automated analyzers.

Within Run Precision

Lab A

| | Run 1 | | | Run 2 | | | Run 3 | | |
|----|-------|------|------|-------|------|------|-------|------|------|
| ID | O.D. | S.D. | CV% | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| PC | 1870 | 211 | 11.3 | 2108 | 227 | 10.8 | 2358 | 114 | 4.8 |
| NC | 5 | 2 | NA | 0 | 0 | NA | 0 | 0 | NA |
| A | 52 | 20 | NA | 0 | 0 | NA | 0 | 0 | NA |
| B | 55 | 6 | NA | 0 | 0 | NA | 0 | 0 | NA |
| C | 617 | 44 | 7.2 | 398 | 61 | 15.2 | 501 | 48 | 9.5 |
| D | 603 | 105 | 17.4 | 463 | 101 | 21.8 | 543 | 60 | 11.0 |
| E | 1013 | 38 | 3.7 | 1004 | 56 | 5.5 | 1222 | 67 | 5.5 |
| F | 1010 | 100 | 9.9 | 890 | 53 | 5.9 | 1224 | 74 | 6.0 |

Lab B

| | Run 1 | | | Run 2 | | | Run 3 | | |
|----|-------|------|-----|-------|------|-----|-------|------|-----|
| ID | O.D. | S.D. | CV% | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| PC | 1802 | 32 | 1.8 | 1740 | 29 | 1.6 | 1825 | 17 | 0.9 |
| NC | 142 | 104 | NA | 96 | 61 | NA | 136 | 92 | NA |
| A | 138 | 17 | NA | 94 | 28 | NA | 136 | 55 | NA |

| | | | | | | | | | |
|---|------|-----|------|------|----|-----|------|----|-----|
| B | 96 | 47 | NA | 67 | 37 | NA | 86 | 73 | NA |
| C | 637 | 81 | 12.7 | 597 | 58 | 9.7 | 614 | 51 | 8.4 |
| D | 782 | 39 | 5.0 | 691 | 17 | 2.5 | 770 | 48 | 6.3 |
| E | 1202 | 101 | 8.4 | 1050 | 60 | 5.8 | 1177 | 77 | 6.6 |
| F | 1010 | 89 | 8.8 | 995 | 94 | 9.5 | 981 | 69 | 7.0 |

Lab C

| | Run 1 | | | Run 2 | | | Run 3 | | |
|----|-------|------|-----|-------|------|-----|-------|------|-----|
| ID | O.D. | S.D. | CV% | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| PC | 2766 | 30 | 1.1 | 2747 | 116 | 4.3 | 2850 | 49 | 1.7 |
| NC | 0 | 30 | NA | 0 | 0 | NA | 2 | 0 | NA |
| A | 13 | 0 | NA | 14 | 9 | NA | 14 | 8 | NA |
| B | 57 | 10 | NA | 59 | 6 | NA | 54 | 2 | NA |
| C | 824 | 10 | 1.3 | 887 | 70 | 7.9 | 823 | 74 | 9.1 |
| D | 909 | 38 | 4.1 | 942 | 19 | 2.0 | 937 | 28 | 3.0 |
| E | 1502 | 70 | 4.7 | 1489 | 42 | 2.8 | 1567 | 41 | 2.6 |
| F | 1469 | 28 | 1.9 | 1659 | 63 | 3.8 | 1470 | 65 | 4.4 |

Between Run Precision

| | Lab A | | | Lab B | | | Lab C | | |
|----|-------|------|------|-------|------|-----|-------|------|-----|
| ID | O.D. | S.D. | CV% | O.D. | S.D. | CV% | O.D. | S.D. | CV% |
| PC | 2112 | 271 | 12.8 | 1789 | 45 | 2.5 | 2788 | 83 | 3.0 |
| NC | 2 | 3 | NA | 125 | 85 | NA | 1 | 1 | NA |
| A | 17 | 28 | NA | 123 | 43 | NA | 14 | 9 | NA |
| B | 18 | 28 | NA | 83 | 055 | NA | 57 | 7 | NA |
| C | 506 | 106 | 21.0 | 616 | 61 | 9.9 | 845 | 68 | 8.1 |
| D | 536 | 102 | 19.0 | 748 | 56 | 7.5 | 929 | 043 | 4.6 |
| E | 1080 | 119 | 11.0 | 1143 | 103 | 9.0 | 1520 | 51 | 3.3 |
| F | 1041 | 164 | 15.7 | 995 | 078 | 7.9 | 1533 | 113 | 7.4 |

Interlaboratory Precision

| ID | O.D. | S.D. | CV% |
|----|------|------|-----|
| PC | 2230 | 510 | 23 |
| NC | 43 | 71 | NA |
| A | 51 | 62 | NA |
| B | 53 | 33 | NA |
| C | 656 | 173 | 26 |
| D | 738 | 197 | 27 |
| E | 1248 | 238 | 19 |
| F | 1190 | 298 | 25 |

CROSSREACTIVITY & INTERFERENCE STUDIES

In order to demonstrate Analytical Specificity and Interferences an internal experimentation was performed using a total of 332 sera with known disease. Experimentation was performed in two times. The first time the following 130 sera, collected from seroteque, were tested: 73 sera from adults females, 57 from adult males. All these were characterized as follows:

| CATEGORY OF SPECIMENS | n |
|------------------------|----|
| ALT | 20 |
| HCV Positives | 21 |
| HCV Ab Reactive | 9 |
| Hypergammaglobulinemia | 19 |
| Pregnant | 50 |
| Total Bilirubine | 2 |
| Lipemic | 2 |
| Mono test (MT) | 8 |

In a second day 202 sera were tested. Sera summarized below:

| CATEGORY OF SPECIMENS | n |
|-----------------------|-----|
| HCV Positives | 46 |
| Pregnant | 110 |
| HBSAg Vaccinated | 30 |
| HBSAg Positives | 15 |

Obtained Results:

| CATEGORY OF SPECIMENS | n | ENZY-WELL SYPHILIS IgG Reactive |
|------------------------|-----|---------------------------------------|
| HbsAg Vaccinated | 30 | 0 |
| HBsAg Positives | 15 | 0 |
| ALT | 20 | 0 |
| Sera from HBV Vaccines | 11 | 0 |
| HCV Positives | 64 | 1* |
| HCV Ab Reactive | 9 | 0 |
| Hypergammaglobulinemia | 19 | 0 |
| Pregnant | 160 | 0 |
| Total Bilirubine | 2 | 0 |
| Lipemic | 2 | 0 |
| Total Specimen | 332 | |

Note: Confirmed positive with TPHA

Conclusion:

Only one sample that results reactive when tested with

ENZY- WELL Syphilis IgG was confirmed to be positive with TPHA (Confirmatory test)

Analytical specificity= 100%

No interferences are shown.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

Mr. Raul Alvarez
Consultant
Diesse Inc.
1690 W. 38 Place, Unit B 1
Hialeah, Florida 33012

AUG 10 2006

Re: k050590
Trade/Device Name: ENZY-WELL Syphilis IgG
Regulation Number: 21 CFR § 866.3830
Regulation Name: Treponema pallidum treponemal test reagent
Regulatory Class: II
Product Code: LIP
Dated: May 30, 2006
Received: June 5, 2006

Dear Mr. Alvarez:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

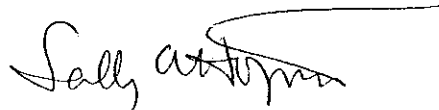
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (240)276-0450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Sally A. Hojvat", with a long horizontal flourish extending to the right.

Sally A. Hojvat, M.Sc., Ph.D.
Director
Division of Microbiology Devices
Office of *In Vitro* Diagnostic Device
Evaluation and Safety
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number : K050590

Device Name: ENZY-WELL Syphilis IgG

Indications For Use:

1. For in vitro diagnostic use only.
2. ENZY-WELL SYPHILIS IgG is an immunoenzymatic method for the qualitative detection of IgG antibodies to *Treponema pallidum* in human serum by a manual technique.
3. The test may be used in conjunction with non-treponemal testing to provide serological evidence of infection with *T. pallidum*.

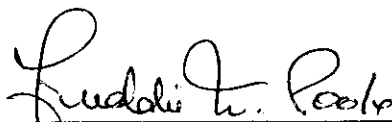
Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

____Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)


Division Sign-Off

Office of In Vitro Diagnostic Device
Evaluation and Safety

510(k) K050590

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